

CLAIMS ONLY						Application Number 10749860	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1					51			
2		1				52			
3						53			
4		1				54			
5						55			
6		1				56			
7			1			57			
8						58			
9		1				59			
10		1				60			
11	1					61			
12		1				62			
13						63			
14		1				64			
15			1			65			
16						66			
17		1				67			
18			1			68			
19						69			
20		1				70			
21						71			
22						72			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	2					Total Indep			
Total Depend	18					Total Depend			
Total Claims	20					Total Claims			